OFFICE OF MAYOR ASHLEY SWEARENGIN PROCLAMATION REQUEST FORM

Date(s) of Proclamation:					
Requesting to proclaim a:	□ Day	□ Week	□ Month		
Is this a request to reissue	a proclamatio	on from a previo	us year(s)?	□ Yes	□ No
If so, what was the	date of the pr	oclamation?			
Date Needed:					
Delivery of Proclamation:	☐ Please mail		☐ I will pick up (You will be notified when the	ne document is ready to be picked up)	
Contact Information:			**.		
Name:			Phone #:		
E-Mail:			Alt. Phone #:		
Address:					
Organization:					
convey:					
A .					
Briefly describe how this pro	oclamation w	ill be used, displ	ayed or distributed:		
Requests must include draf proclamation. Please subm				used to prepare the	e
		Send Complete	d Request To:		
Mail: Fax #:		the Mayor, 2600	CA 93721		
гах #. E-Mail:	(559) 621 Priscilla.F	r-7990 Pereschica@fres	sno.gov		